

Patient Rights & Responsibilities

Your Rights and Responsibilities

Nebraska Hematology-Oncology, PC (NHO) recognizes that patients have inherent rights and responsibilities as they relate to their health care. Patients and their families also have responsibilities while under the care of NHO to ensure safe, high-quality health care for themselves and others. The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

Patient Rights

1. **Respect and Dignity and Non-Discrimination**

You should expect to be given the correct treatment by competent staff. They will honor your values and beliefs while you receive care. NHO complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

2. **Equal Consideration**

Available and medically appropriate patient care and treatment services are offered to patients solely based on medical condition, regardless of race, age, gender, disability, national origin, religion, sexual orientation, gender identity, social status, or other social or economic criteria.

3. **Privacy and Confidentiality**

All information about you will be kept confidential, including the privacy of your health information. The Notice of Privacy Practices explains how your health information may be used.

4. **Communication**

Your health care team will tell you who is involved in your treatment, explain things to you in a way you can understand, and will communicate with you in a language you understand. Let us know if you need a language interpreter or sign language interpreter or assistive hearing device.

5. Education

Your health care team will:

- Answer your questions about your care
- Explain how the treatment can help you and how it could hurt you
- Tell you if other treatments are available and how they work
- Offer behavioral health and supportive services offered at NHO
- Explain what you can do to help yourself
- Share what your health could be after treatment and in the future
- Tell you how long it may take to reach your goals

6. Cost of Care

If you have questions about the cost of care, you have the right to contact a financial counselor for an advance estimate.

7. Participation

You can ask questions and be involved in decisions about your care. You can access information in your medical record through your online patient portal <https://www.yourcancercare.com/patient-portal> or by contacting the Medical Records Department at (402) 484-4900.

8. Safety

Patients have the right to expect reasonable safety and accessibility at NHO.

9. Refusal of Treatment

You may refuse any treatment, test, or procedure. We agree to tell you what could happen if it is not done. It is your choice. If you are a minor or have a legal guardian, the person legally responsible for you will take part in all treatment decisions. That person will be given the same rights as you would. You have the right to request a different provider.

10. Consent

Patients shall be reasonably informed by their providers so that they can participate in their care. Providers will inform you if your care could be a part of a research program so you can decide if you want to take part or not.

11. Advance Directives

You can state in writing who can make decisions about your health care (Power of Attorney for Health Care). You can also state in writing specific health choices you have made. This is called an Advance Directive. If you would like to learn more about Advance Directives, please let your provider know.

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12. Free from Abuse, Neglect, and Exploitation

You have the right to be free from abuse, neglect, and exploitation. All concerns will be reported to the administration and escalated further as needed.

13. Meeting Your Needs

It is important you receive the right care. We will tell you if we cannot provide you with that care. We will help you find another facility that can help you.

14. Access to Your Health Information

You have the right to review your health record and your bill within a reasonable amount of time. You can have this information explained to you if needed. We would be happy to answer any questions you may have.

15. Reporting Complaints or Safety Concerns

You have the right to voice your concerns when you are not happy with your care or have a concern about your safety or the safety of others. We encourage you to partner with your care team to answer any questions or concerns. This will ensure you have the best possible experience. You may also contact NHO Administration at (402) 484-4900 to file a formal grievance if further help is needed.

Patient Responsibilities

1. Provision of Information

You have the responsibility to provide, to the best of your knowledge, accurate and relevant information about your health care, and let us know if you clearly understand your care at NHO and what is expected of you.

2. Compliance with Instructions

You are responsible for following your plan of care, which includes, following provider recommendations, taking medications as prescribed, and complying with NHO rules and regulations. You will let us know if you are not satisfied at any time during your care. You are responsible for keeping your appointments or letting us know if you are not able to attend. If you arrive 20 minutes late or more for your appointment, it is up to your provider to decide if the appointment can continue, will be shortened, or will need to be canceled.

3. Refusal of Treatment

You and your guardians are responsible for your actions and consequences if you refuse treatment or do not follow your provider's recommendations.

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4. Financial Obligation

You are responsible for prompt payment of your services that are not covered by insurance.

5. Rules and Regulations

You are responsible for following all NHO rules and regulations that affect patient care and conduct.

6. Respect and Consideration

You are responsible for being considerate of the rights, privacy, and confidentiality of other patients and staff and for ensuring a safe and positive environment. You are responsible for being respectful of the property of other persons and NHO. You understand that any abusive or disrespectful behavior could result in a request to leave and/or termination of your care.

7. Personal Property

NHO is not responsible for cash, valuables, and personal items you bring into the facility. This includes eyeglasses, hearing aids, dentures, assistive devices, prostheses, and other easily misplaced items.

8. Privacy of Others

You must respect the right to privacy of other patients, visitors, and staff, by not audio/video recording or photographing them at any time unless specific permission has been obtained from each person being recorded. Patient medical information/data may not be photographed or recorded.